

PERSONAL FINANCIAL DISCLOSURE FORM

20303913

1. FULL NAME PATRICK EDGAR LANDRY	2. SPOUSE'S FULL NAME N/A
3. RESIDENCE ADDRESS 696 CENTRAL AVE. JEFFERSON, LA. 70121-1414	
4. SPOUSE'S OCCUPATION (if any)	
5. PRINCIPAL BUSINESS ADDRESS 696 CENTRAL AVE, JEFFERSON, LA. 70121	
6. THIS REPORT COVERS CALENDAR YEAR JAN. 1 - AUG. 21 2002-2003	

7. CHECK IF AMENDED REPORT ☒

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - Less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

6. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

Patrick E. Landry
PERSON FILING REPORT

Sworn to and subscribed before me this 21st day of August, 2003

Amendment(s)
Attached

[Signature]
NOTARY PUBLIC

AMENDMENT

PERSONAL FINANCIAL DISCLOSURE FORM

2030393

1. FULL NAME PATRICK EDGAR LANORY	2. SPOUSE'S FULL NAME N/A
3. RESIDENCE ADDRESS 696 CENTRAL AVE. JEFFERSON, LA. 70121-1414	
4. SPOUSE'S OCCUPATION (if any)	
5. PRINCIPAL BUSINESS ADDRESS 696 CENTRAL AVE, JEFFERSON, LA. 70121	
6. THIS REPORT COVERS CALENDAR YEAR <u>2003</u>	7. CHECK IF AMENDED REPORT <input type="checkbox"/>

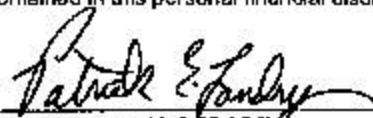
NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

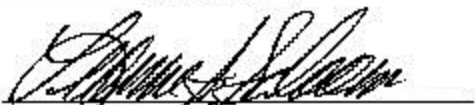
Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.


PERSON FILING REPORT

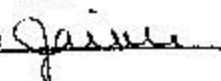
Sworn to and subscribed before me this 19th day of August, 2003.


NOTARY PUBLIC

SCANNED

Form 406 Rev. 3/88, Page 3/95

AUG 21 2003

By: Page 1 of 7

A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	N / A		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			

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A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	N / A		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			

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A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. POSITION	4. AMOUNT
___ INDIVIDUAL ___ SPOUSE ___ BOTH			
___ INDIVIDUAL ___ SPOUSE ___ BOTH			
___ INDIVIDUAL ___ SPOUSE ___ BOTH			
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___ INDIVIDUAL ___ SPOUSE ___ BOTH			

B. BUSINESS INTERESTS

The name, address and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	N / A	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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B. BUSINESS INTERESTS

The name, address and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	N / A	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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AMENDMENT

B. BUSINESS INTERESTS

The name, address and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF BUSINESS	3. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

1. INDIVIDUAL, SPOUSE OR BOTH	2. NAME AND ADDRESS OF SOURCE OF INCOME	3. TYPE	4. AMOUNT	5. DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	ROSEMARK COMMERCIAL FACILITIES SERVICES 501 MAGAZINE ST. N.O. LA. 70130	COMPENSATION FOR SERVICES	\$ 35,000.00 ANNUAL	ELECTRICAL CONSTRUCTION + MAINT.
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				

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C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

1. INDIVIDUAL SPOUSE OR BOTH	2. NAME AND ADDRESS OF SOURCE OF INCOME	3. TYPE	4. AMOUNT	5. DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	ROSEMARK COMMERCIAL FACILITIES SERVICES 501 MAGAZINE ST. N.O. LA. 70130	COMPENSATION FOR SERVICES	\$ 35,000.00 ANNUAL	ELECTRICAL CONSTRUCTION & MAINT.
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				

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C. INCOME

The name, address, type and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or client, then either mental health, medical health, or legal services should be given as the source.

1. INDIVIDUAL, SPOUSE OR BOTH	2. NAME AND ADDRESS OF SOURCE OF INCOME	3. TYPE	4. AMOUNT	5. DESCRIPTION OF SERVICES
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	ROSEMARK COMMERCIAL FACILITIES SERVICES 501 MAGAZINE ST. N.O. LA. 70130 SUITE 1015	COMPEN- SATION FOR SERVICES	\$35,000.00	ELECTRICAL CONSTRUCTION & MAINT.
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				

D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

1. INDIVIDUAL, SPOUSE OR BOTH	2. ADDRESS OF REAL PROPERTY	3. DESCRIPTION
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	696 CENTRAL AVE, JEFFERSON, LA. 70121-1414	50' X 105' RESIDENCE
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

1. INDIVIDUAL, SPOUSE OR BOTH	2. ADDRESS OF REAL PROPERTY	3. DESCRIPTION
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	696 CENTRAL AVE. JEFFERSON, LA. 70121-1414	50' X 105' RESIDENCE
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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AMENDMENT

D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

[illegible]

E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

1. INDIVIDUAL, SPOUSE OR BOTH	2. DESCRIPTION	3. DATE	4. AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	N/A		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			

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E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

1. INDIVIDUAL, SPOUSE OR BOTH	2. DESCRIPTION	3. DATE	4. AMOUNT
___ INDIVIDUAL ___ SPOUSE ___ BOTH	N/A		
___ INDIVIDUAL ___ SPOUSE ___ BOTH			
___ INDIVIDUAL ___ SPOUSE ___ BOTH			
___ INDIVIDUAL ___ SPOUSE ___ BOTH			
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___ INDIVIDUAL ___ SPOUSE ___ BOTH			

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E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

[illegible]

F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	WELLS FARGO HOME MORTGAGE, INC. P.O. BOX 9194 DES MOINES, IA. 50306-9194	AUG. 03 \$91,000.00
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	WELLS FARGO HOME MORTGAGE, INC. P.O. BOX 9194 DES MOINES, IA. 50306-9194	AUG. 03 \$9,000.00
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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AMENDMENT

F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

1. INDIVIDUAL, SPOUSE OR BOTH	2. FULL NAME AND ADDRESS OF CREDITOR	3. AMOUNT
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